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Request to add Music Therapy into SB 414 and 415 therapeutic services

Why are we asking for coverage for music therapy?

Music therapy is an established healthcare profession with a long history (more than 50 years) of successful work with people with ASD.

Music Therapy is the evidence based use of music as a therapeutic tool to improve communication, social emotional and motor skills, by a board certified professional.

Music therapy is currently covered by the medicaid waiver program, but not other insurances in most cases.

Families will often opt for other more “traditional” services, or those are recommended by physicians who are unaware of music therapy.

Will this just add more cost to the insurer?

No. Music therapy has been shown to be more effective at developing several of the target areas currently being addressed by other therapies, which could actually lower over all cost.

Some speech therapists are trying to incorporate music into their practices, because they see the responses and result from music therapy. This is not always successful, as they do not have the training in music therapy needed to understand the scientific application of the music. Many speech therapists are collaborating or partnering with music therapists. This is difficult as music therapy is not often covered by insurance, and families are stretched to the max. It is counterintuitive to think that a child with speech problems does not need speech therapy, but often the basic musical responses need to be developed first. The human response to music precedes speech, and some of our clients are at this developmental level. This change in the wording of the bill would enable them to have an opportunity to access the service which is most effective at that point of their development.

Music and auditory processing

Some occupational therapists are trying to address the auditory processing problems experienced by many of our clients by using non-evidence based, expensive programs which tap on a small part of the potential for music to address this area. We worked with a five year old boy who had severe reactions to loud noises, and after four 30 minute weekly music therapy sessions focusing on his deficit area, his mother was able to use the food processor at home for the first time in five years. He had been referred to us by an occupational therapist partially because the family did not have money for both OT and MT at the autism center (The music therapy center at EMU is a student training clinic).

Music and social skills/imitating/mirror neurons

We are currently working with a boy who has classic autism, and who has not really responded to others in his 6 years of life, except to get food. After 4 months of 30 minute once a week sessions, he is now watching and imitating others, a precursor to social

interactivity. I have personally seen this over and over, children began responding in the music therapy session, connecting with the therapists and with peers, through the music therapy experiences, where they did not in free play or other group activities. Please note that these are not the same as music education activities.

There is empirical research for all of the above, I have included it in the email I sent to you all yesterday.